



# APPLICATION FOR CONSTRUCTION PERMIT FIRE ALARM MONITORING / NOTIFICATION SYSTEM

## SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

**San Bernardino Office**

385 N. Arrowhead Ave., 1<sup>st</sup> Floor  
San Bernardino, CA 92415-0187  
Phone (909) 386-8400  
Fax (909) 387-3249  
Hours: 8:00 am – 5:00 pm M-F

**North Desert Office**

15900 Smoke Tree St. Suite 131  
Hesperia, CA 92345-3222  
Phone (760) 995-8190  
Fax (760) 995-8205  
Hours: 8:00 am – 5:00 pm M-F

**Lake Arrowhead Office**

301 St. Hwy. 173, P.O. Box 130  
Lake Arrowhead, CA 92352  
Phone (909) 337-8586  
Fax (909) 336-3182  
Hours: 9:00 am – 12:00 pm Tues

**South Desert Office**

58928 Business Center Dr.  
Yucca Valley, CA 92284  
Phone (760) 995-8190  
Fax (760) 995-8205  
Hours: 8:30 am to 4:00 pm Tues

WEBSITE: [www.sbcfire.org](http://www.sbcfire.org)

**APPLICANT INFORMATION**

Pursuant to Business and Professions Code §7031.5, and San Bernardino County Fire Protection District Ordinance (SBCFPDO) §12, only a contractor, licensed by the State of California to perform the type of work proposed in the permit application, may apply for and be issued, a construction permit required pursuant to Section 105.7 et seq. of the California Fire Code. Any change of contractor named to conduct the permitted work shall require that a new permit be issued.

CONTRACTOR		MAILING ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		LICENSE NUMBER		

**PROJECT INFORMATION**

PROJECT NAME		ADDRESS		CITY / COMMUNITY		ZIP CODE
ASSESSOR'S PARCEL NUMBER (APN)	SQUARE FOOTAGE	CONSTRUCTION TYPE	OCC. TYPE	# OF DEVICES	CONTRACTOR PROJECT #	CONTACT NAME

Plans will not be accepted without the following:

- |                             |                                         |                                            |
|-----------------------------|-----------------------------------------|--------------------------------------------|
| 1. Three sets of plans      | 3. Assessor's parcel number(s) on plans | 5. Cut sheets for new devices              |
| 2. Project address on plans | 4. Contractor license number            | 6. State Fire Marshal approved UL Listings |

**NEW WATERFLOW MONITORING SYSTEM**

- |                                                                              |                              |
|------------------------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> First 1 to 10 initiating devices, per system        | \$ 1,014.00                  |
| <input type="checkbox"/> Each additional 1-10 initiating devices, per system | \$ 738.00 x _____ = \$ _____ |

TOTAL FEE = \$

This fee includes 3 inspections

**NEW MANUAL / AUTOMATIC FIRE ALARM NOTIFICATION SYSTEM**

- |                                                                              |                              |
|------------------------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> First 1 to 10 initiating devices, per system        | \$ 1,014.00                  |
| <input type="checkbox"/> Each additional 1-10 initiating devices, per system | \$ 738.00 x _____ = \$ _____ |

TOTAL FEE = \$

This fee includes 3 inspections

**ALARM SYSTEM MODIFICATION (All Types)**

- |                                                                                  |                              |
|----------------------------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> Panel Only OR First 1-10 Initiating Devices, per system | \$ 1,014.00                  |
| <input type="checkbox"/> Each additional 1-10 initiating devices, per system     | \$ 738.00 x _____ = \$ _____ |

TOTAL FEE = \$

This fee includes 3 inspections

**REVISIONS / AS-BUILTS / RESUBMITTALS**

- |                                                                                               |               |
|-----------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> RESUBMITTAL (Each subsequent submittal after 2 <sup>nd</sup> review) | \$155.00/hour |
| <input type="checkbox"/> REVISION / AS-BUILT                                                  | \$427.00      |

Make check or money order payable to **S.B.C.F.D.**

**CERTIFICATION**

Pursuant to Business and Professions Code §7031.5, and SBCFPDO §12, I certify that I, the Applicant, ☐ Am licensed by the State of California to perform the work proposed in this application under the Contractor License Number listed above and that my license is in full force and effect or ☐ Am exempt from these contractor licensure and submittal requirements pursuant to Business and Professions Code §7040 – 7054.5.

SUBMITTED BY (please print Contractor's full name)	CONTRACTOR'S SIGNATURE	DATE
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